



AP / 2624
JFm

Amendment Under 37 C.F.R. § 1.116
Art Unit 2624, Expedited Procedure

In re Application of:

Docket No. 01807.001864.

PATRICE ONNO

Application No.: 09/981,820

Examiner: D. Rosario

Filed: October 19, 2001

Art Unit: 2624

For: METHOD AND DEVICE FOR PROCESSING AND
DECODING A CODED DIGITAL SIGNAL

Date: March 19, 2007

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Action in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|------------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 39 | MINUS | ** 39 | = 0 | x \$25 \$50 | \$0 |
| INDEP. CLAIMS | * 6 | MINUS | *** 6 | = 0 | x \$100 \$200 | \$0 |
| Fee for Multiple Dependent claims \$180°/\$360 | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | \$0 |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ A check in the amount of \$ _____ is enclosed.

☒ Charge \$ 450.00 to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

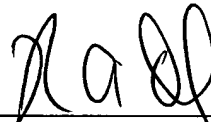
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$ _____ to cover the fee for a __-month extension is enclosed.

☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Raymond A. DiPerna
Attorney for Applicant
Registration No. 44,063

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New York, New York 10112-3801
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Form #120

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